

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

- ① The Date Initiated is the date the individual was placed in seclusion or restraint
- ② Type of Procedure: Select from one of the following – Seclusion, Physical Restraint, Mechanical Restraint or Pharmacologic Restraint
- ③ Rationale: Select from one of the following – Behavioral, Medical, or Protective
- ④ Duration refers to the time the individual was placed in restraints until the terminal release time. The terminal release time is the time the individual is released from seclusion and restraint and is not placed back in the restriction under the same order/authorization and no continuation order/authorization for the procedure is given.

**VA Department of Mental Health, Mental Retardation and Substance Abuse Services**  
Office of Health and Quality Care - P.O. Box 1797 - Richmond, VA 23218  
Phone (804) 371-5047 – Fax (804) 786-8623  
Email: carolyn.lankford@co.dmhmrzas.virginia.gov

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VA DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION & SUBSTANCE ABUSE SERVICES  
COMMUNITY SECLUSION AND RESTRAINT REPORTING FORM  
2007 REPORT

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_